



Georgetown Board of Health

1 Library Street Georgetown, MA 01833- Tel. 978-352-5720
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APPLICATION FOR PERCOLATION TEST

Date: _____

Location of Perc Test: _____

Map & Lot #: _____

Owner: _____ Address: _____

Proof of ownership / Tax bill etc. _____

Phone # _____ Engineer: _____ Phone # _____

Intended use of Land:(residential, subdivision, single-family, multiple dwelling)

THE FOLLOWING MUST BE ATTACHED TO THIS FORM:

1. PLOT PLAN
2. FEE \$150.00 Includes one perc test and two holes
(New lots require two acceptable percs per lot- repairs require one)
3. MASS. CERTIFIED SOIL EVALUATOR must perform the actual test. (per DEP)

GENERAL INFORMATION

- a. Two acceptable perc tests and four acceptable deep holes required for new systems
- b. Repairs usually only require one acceptable perc test and two acceptable deep holes.
(This is the discretion of the Health Agent)
- c. Fee is required on all test, pass or fail.
- d. Payment is required with application for project tests.
- e. Payment will be required on all additional tests, the day of testing.

WITHIN 45 DAYS: a PLAN WITH THE EXACT LOCATION OF THE PERC TESTS MUST BE SUBMITTED TO THE Board of Health. Please refer to the Georgetown Board of Health Regulations. (This will be strongly enforced, due to previous problems.

WITHIN 60 DAYS: a copy of the soil evaluation, using proper forms described in Title 5 should be submitted to the Board of Health